

Guidelines for Establishing Comprehensive Cancer Patient Education Services

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INTRODUCTION

The *Guidelines for Establishing Comprehensive Cancer Patient Education Services* were developed by a task force of cancer patient educators from the National Cancer Institute's (NCI) Cancer Patient Education Network (CPEN). The NCI Cancer Patient Education Network represents the cancer patient education leadership of NCI-designated cancer centers to promote excellence in patient education as an integral part of patient care.

The *Guidelines* are designed to serve as a model to help cancer centers, hospitals, clinics and teaching institutions develop and improve the delivery, management and quality of their cancer patient education services. The *Guidelines* are intended to guide health care providers - especially educators - with their program planning, development and evaluation responsibilities. While the *Guidelines* were developed by and for representatives of NCI-designated cancer centers, they may be adapted for use by any group or organization concerned with cancer patient education.

The *Guidelines* were originally developed in 1993 and were adapted from the *Standards for Healthcare Education and Training* developed by the American Society for Healthcare Education and Training (ASHET), American Hospital Association. In revising the *Guidelines*, the CPEN task force consulted the Second Edition of the ASHET standards. In addition, the task force reviewed patient and family education standards published by the Oncology Nursing Society, the Joint Commission on the Accreditation of Healthcare Organizations and the Association of Community Cancer Centers.

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In addition to changes within the main text of the *Guidelines*, this revision incorporates an overview and several new appendices. Presented as a chart on the following page, the overview provides a summary of the individual guidelines that are contained in this document. The new appendices include an institutional self-assessment tool, glossary, references, list of professional organizations for patient educators and a description of cancer education resources.

The goal of the self-assessment tool is to help cancer patient educators identify areas in which their center's patient education services meet the criteria delineated in the *Guidelines* and areas that need to be strengthened in order to meet the stated criteria. The self-assessment can be an effective tool for establishing a baseline measure of where a center's patient education services stand in relation to the *Guidelines* and evaluating progress toward meeting the Guidelines as the assessment is completed at periodic intervals.

OVERVIEW: GUIDELINES FOR ESTABLISHING COMPREHENSIVE CANCER PATIENT EDUCATION SERVICES

PHILOSOPHY AND MISSION

The PEP has a statement of mission and a statement of philosophy which concisely identify the purpose and reflect the value of the program.

ORGANIZATION AND STRUCTURE

There is an identifiable patient education function positioned within the structure of the cancer center. There is a written description of the structural and collaborative relationships between the PEP and the various components of the cancer center as well as the CPEN. The leadership of the PEP has access to sufficient, competent staff who may be used to implement an organized schedule of education programs, services and activities. The PEP staff are empowered and accountable to administer patient education programs and activities. The PEP has a long-range plan that defines the goals and strategies of the department.

FUNCTION

PEP staff facilitate patient education in a variety of settings and with a variety of audiences.

FACILITIES AND EQUIPMENT

Facilities, equipment and resources are provided to achieve the PEP's mission and to enhance the individual's learning experience.

FINANCIAL MANAGEMENT

The center allocates adequate financial resources for patient and family education.

POLICY AND PROCEDURE

The provision of patient education services is guided by written policies and procedures.

QUALITY/PERFORMANCE IMPROVEMENT, EVALUATION AND RESEARCH

The PEP staff participate in a process to ensure continuous improvement of patient education services. Evaluation is an integral, ongoing and systematic process of the PEP. The PEP keeps up-to-date on cancer patient education research and/or conducts research and uses the results of research activities to improve the current level of practice.

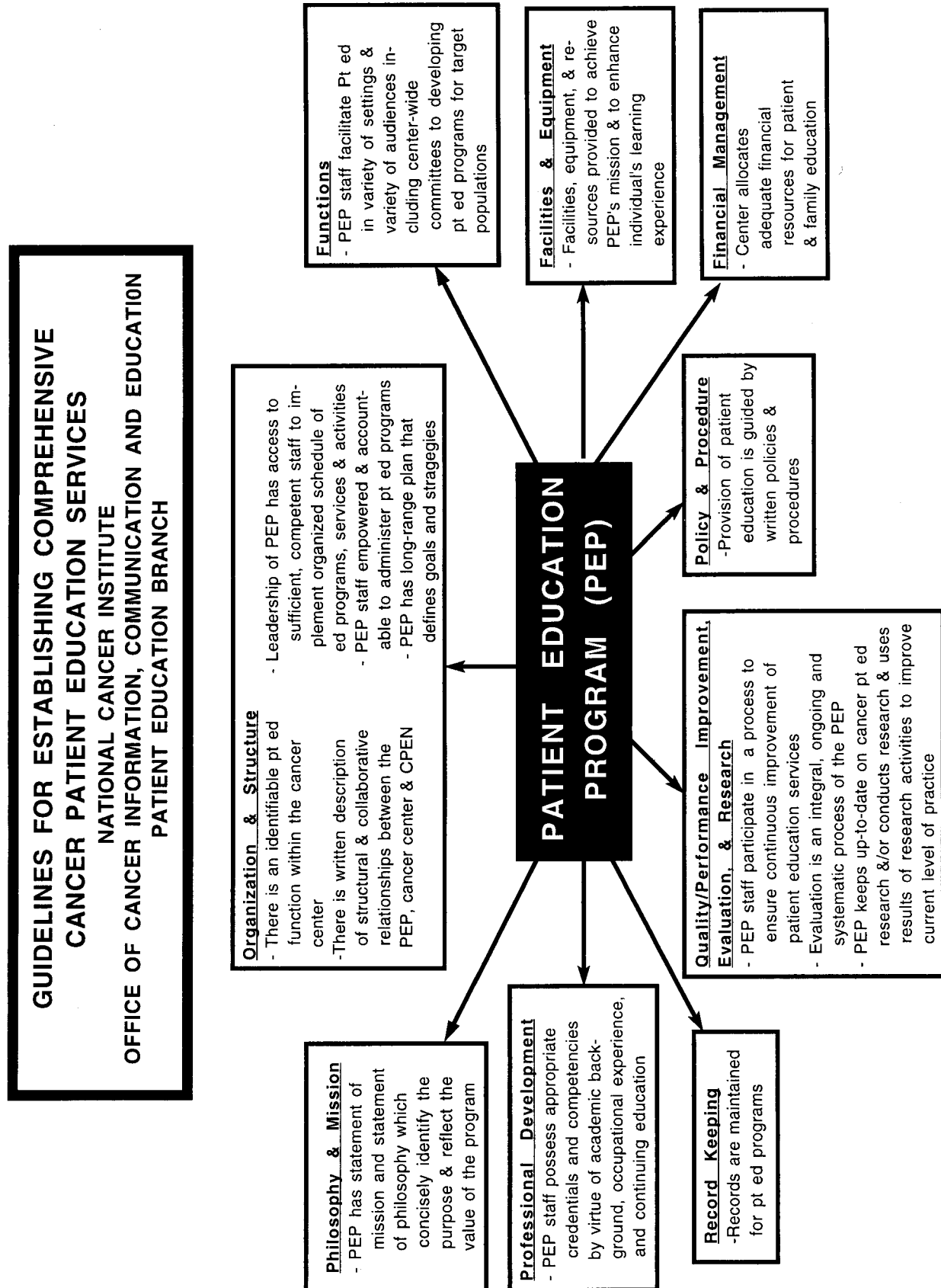
RECORD KEEPING

Records are maintained for patient education programs.

PROFESSIONAL DEVELOPMENT

PEP staff possess appropriate credentials and competencies by virtue of academic background, occupational experience and continuing education.

Chart: OVERVIEW OF THE GUIDELINES



PHILOSOPHY AND MISSION

Guideline:

The Patient Education Program (PEP) has a statement of mission and a statement of philosophy which concisely identify the purpose and reflect the value of the Program.

Interpretation:

The mission statement defines a direction for the PEP and essential functions to be accomplished. The philosophy statement establishes the basic premises regarding the patient education function. Both statements should be realistic with regard to what it is achievable with available resources.

Criteria:

1. The statements should be congruent with the mission and philosophy of the center.
2. The statements should be concisely written.
3. The statements should be reviewed and, if necessary, revised annually.
4. The mission statement should define and limit the scope of the services provided.
This statement:
 - a. Relates what the PEP does for the center.
 - b. Describes the relationship between the PEP and its constituencies.
 - c. Describes the role of the PEP staff in the National Cancer Institute's Cancer Patient Education Network (NCI CPEN).
5. The philosophy statement should reflect the beliefs about and value assigned to the patient education function.
 - a. This statement clarifies values and beliefs about:
 1. The role that patient education plays as an intervention for achieving the center's goals.
 2. The use of patient education principles and practices such as:
 - Every health care provider is a patient educator.
 - Interdisciplinary collaboration is a vital component of the patient education process.
 - Addressing needs of special populations.
 - Cancer patients have a right to the latest cancer research and treatment information.¹

¹ This statement and the two which follow are excerpted from the *Office of Cancer Communication Patient Education Strategic Plan*, p. 6. Office of Cancer Communications, National Cancer Institute, 1996.

- Patients and their families need access to new developments in cancer research that may impact on the course of their disease and their family susceptibility.
 - Health care providers play an important role in patient/family health care and decision-making.
- b. This statement provides guidance in decision-making and in all areas of practice related to the patient education function.
6. The statements should be communicated to other health care providers, educational staff, line managers and administrative staff.

ORGANIZATION AND STRUCTURE

Guideline I:

There is an identifiable patient education function positioned within the structure of the cancer center.

Interpretation:

“Effective patient education cannot take place without the commitment of a hospital’s leaders. This commitment includes establishing patient education as an organizational priority, ensuring that adequate resources are dedicated to education, ensuring that processes are established to facilitate effective education, and ensuring that performance improvement includes education as appropriate.”²

There is no one best way to structure a PEP, although the goal is for a comprehensive and systematic approach to patient education. The key, as per JCAHO, is for the center to develop a structure that supports patient education and establishes authority and accountability to best meet patient education goals.

Criteria:

1. A written document describes the organization and structure, roles and functions of the PEP as an interdisciplinary collaboration.
2. The document is available to all staff served by PEP staff; preferably as part of a center policy and procedure manual that is readily available in print or electronic form.
3. The document is reviewed annually and revised as necessary.
4. The document is approved and supported by the center’s administrative, medical and educational staff.

Guideline II:

There is a written description of the structural and collaborative relationships between the PEP and the various components of the cancer center as well as the CPEN.

² Joint Commission on Accreditation of Healthcare Organizations (1996). Educating Hospital Patients and Their Families, Examples of Compliance. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, p. 23.

Interpretation:

Communication and collaboration between departments and subsystems can best occur when relationships and communication lines are defined clearly. The PEP will collaborate with departments/units across the center to implement patient education activities. PEP staff also will communicate and collaborate with staff from the NCI Patient Education Branch and others members of the CPEN.

Guideline III:

The leadership of the PEP has access to sufficient, competent staff who may be used to implement an organized schedule of education programs, services and activities.

Interpretation:

PEP staff qualifications form the basis for the effectiveness and credibility of the patient education programs, services and activities.

Criteria:

1. There are written competency-based position descriptions delineating the minimum qualifications, authority, accountability and responsibility of the PEP and clinical staff.
2. There are a sufficient number of center staff to meet the needs of patients, families, significant others and the center. This may include Program staff as well as other center staff involved in patient education.

Guideline IV:

The PEP staff are empowered and accountable to administer patient education programs and activities.

Interpretation:

The establishment of authority and accountability is necessary for viable program function.

Criteria:

1. There are written policies stating that PEP staff have the authority, responsibility and accountability for the development, implementation, administration, coordination and evaluation of the patient education programs and activities.
2. There are mechanisms in place to assess the accuracy and applicability of cancer information prior to endorsement and dissemination.
3. Staff respect the religious, social, cultural and ethnic practices of patients and their families.

4. The PEP staff apply teaching-learning theories to the development, implementation and evaluation of patient/family educational experiences.
5. The PEP staff ensure that educational materials are appropriate for individuals of varied ages, reading levels and languages.
6. The PEP ensure that information about community resources is available and current.

Guideline V:

The PEP has a long-range plan that defines the goals and strategies of the department.

Interpretation:

A long-range plan provides the PEP with a focus. It defines the mission and structure of the Program and relates it to the center's mission.

Criteria:

1. The long-range plan shall include the following:
 - Mission
 - Assessment of internal and external environment
 - Assessment of program strengths and weaknesses
 - Identification of program goals, objectives and strategies
 - Identification of the gap between what exists and the Program's goals
 - Action steps to move toward the Program's goals, including periodic evaluation of effectiveness and outcome
2. The long-range plan should be reviewed and updated annually.
3. The long-range plan should receive input from the appropriate interdisciplinary team member.

FUNCTIONS

Guideline:

PEP staff facilitate patient education in a variety of settings and with a variety of audiences. The range of these activities includes serving on center-wide committees to ensure that patient education needs are reflected in the broader mission of the cancer center to developing patient education programs for target populations.

Interpretation:

PEP staff plan, implement and evaluate education programs and activities for patients, family members and significant others. Interdisciplinary collaboration is an important part of the patient education program development process because it reinforces patient education as an integral component of patient care.

Criteria:

1. The PEP clearly defines its scope of services, identifying its customers, functions and activities.
2. The PEP staff are integrally involved in center-wide activities through participation on committees, task forces and projects to ensure that patient education needs are reflected in the broader mission of the cancer center.
3. PEP staff communicate and collaborate with departments and committees within the cancer center to foster patient education.
4. PEP staff serve as resources to other members of the NCI CPEN with regard to program/resource development, planning, implementation and evaluation.
5. PEP staff provide leadership in assuring the center's compliance with patient education standards of JCAHO and other credentialing bodies.

FACILITIES AND EQUIPMENT

Guideline:

Facilities, equipment and resources are provided to achieve the PEP's mission and to enhance the individual's learning experience.

Interpretation:

The value of patient education is enhanced by adequate facilities and equipment that support the patient education function. Adequate facilities must be provided for the achievement of the intended learning outcomes.

Criteria:

1. An environment conducive to learning is maintained.
2. Appropriate educational facilities include patient teaching rooms and space suitable for teaching of clinical skills.
3. Audiovisual (AV) support includes printing and graphic support and AV equipment.
4. A library and/or current reference materials are available for development of educational activities and research by the PEP staff.
5. The CPEN contact person will have regular access to a computer for data management, electronic communication, distribution of information within the center and in order to keep pace with emerging technologies.
6. Center staff are provided with adequate space to accommodate individual counseling.
7. A patient education library/resource center is available for patients, family members and significant others. The library/resource center will provide access to the National Cancer Institute's Physician Data Query (PDQ)/Patient Information File (PIF). PDQ is a computerized database that provides health professionals, patients and the public with: quick access to the latest treatment information for most types of cancer, descriptions of clinical trials that are open for enrollment and names of organizations and doctors involved in cancer care.

FINANCIAL MANAGEMENT

Guideline:

The center allocates adequate financial resources for patient and family education.

Interpretation:

Allocated financial support is necessary to provide the staff and resources for an effective patient education program.

Criteria:

1. The manager of the PEP develops a budget to support the Program's mission.
2. Budget planning for the PEP includes resources for staffing, operational expenses and materials/resources.
3. Budget planning includes projected revenue from fees for services or programs.
4. Supplemental budgets are developed for proposals, grants and requests for special funding.

POLICIES AND PROCEDURES

Guideline:

The provision of patient education services is guided by written policies and procedures.

Interpretation:

Policies are the foundation for systems and serve as a guide for decision making by outlining a general course of action. Procedures define the specific steps for carrying out policies and responsibilities and relate to the tasks involved in the daily operations. Policies and procedures provide evidence of performance for accrediting bodies.

Criteria:

1. Policies and procedures are written and easily accessible in print or electronic format. They encompass interdisciplinary responsibilities, development and provision of patient and family education.
2. Policies and procedures are communicated to staff, departments and units in the cancer center.
3. Policies and procedures should include at least the following:
 - Development and periodic evaluation of patient education resources
 - Mechanism for approval of materials
 - Development of patient education documentation forms
 - Review and approval of outside patient education materials
 - Responsibility for purchasing equipment/materials
 - Education and competency verification of staff who provide patient and family education
 - Training for volunteers involved in direct patient education activities
 - Administration/operations of patient education resource center/library
 - Approach to quality improvement and performance improvement.
4. Policies and procedures are reviewed annually and revised as necessary.

QUALITY/PERFORMANCE IMPROVEMENT, EVALUATION and RESEARCH

Guideline I:

The PEP staff participate in a process to ensure continuous improvement of patient education services.

Interpretation:

Quality/performance improvement is an integral, ongoing and systematic process to ensure excellence of patient education services. Based on data from monitoring and improvement activities, actions are implemented to maintain and/or improve the patient education function.

Criteria:

1. The Patient Education Program's quality/performance improvement is consistent and integrated with the organization's quality/performance improvement.
PEP staff participate in the organization's quality/performance improvement structure.
Results of the organization's quality/performance improvement actions and monitoring activities are used to improve patient education services.
2. The PEP's approach to quality and performance improvement addresses patient satisfaction, effectiveness of services and expected outcomes.
3. The PEP has a system for obtaining feedback from its customers.
4. The PEP uses results of its monitoring and improvement activities to revise patient education systems, processes and services.

Guideline II:

Evaluation is an integral, ongoing and systematic process of the PEP.

Interpretation:

Evaluation produces data which can be used in future planning, improves the current program, helps justify the activity and/or compares the outcomes with the intended objectives.

Criteria:

1. An evaluation of the education activities is performed regularly.
2. A variety of evaluation methods is used, such as: pre-testing, post-testing, feedback questionnaires, focus groups, etc.

3. Evaluation techniques measure stated learning outcomes.
4. Participants evaluate the education activity.
5. Educators use evaluation summary data to modify the content, delivery processes and/or materials of an education activity.
6. Where appropriate, a follow-up evaluation of participants is made in order to determine change in skills, knowledge and/or attitudes.

Guideline III:

The PEP keeps up-to-date on cancer patient education research and/or conducts research and uses the results of research activities to improve the current level of practice.

Interpretation:

PEP staff should strive for innovative means to improve patient teaching strategies and program planning, development and evaluation. Patient educators should keep up-to-date with cancer patient education research in the literature. When possible, they should conduct research and publish results of research efforts.

Criteria:

1. The Program has an internal channel for distributing research literature to staff members.
2. Staff members change practices based on data from literature reviews or field research.
3. Staff are encouraged to develop knowledge and skills in systematic problem solving and research.
4. Patient education staff participate in the center's research activities.
5. The PEP has a list of research questions that would improve the functioning of the center, the Program or the practice of patient education.
6. Staff members use research data to prepare a proposal or to justify an intervention.
7. Staff members use operating situations to design a research study.
8. Staff members conduct investigations using standard research protocols to determine the effectiveness of an intervention.

RECORD KEEPING

Guideline:

Records are maintained for patient education programs.

Interpretation:

Records of programs and services are maintained as part of the ongoing documentation. They provide evidence that the center has provided an opportunity for the interdisciplinary team, patients, family members and significant others to learn about relevant issues.

Criteria:

1. Records retained for accreditation purposes include the following:

Center documentation:

- long and short range plans
- budgets
- meeting minutes
- policies and procedures
- reports to committees or the governing body (i.e., quality improvement documentation, annual reports)
- staff development documentation (may be maintained in another department, such as Human Resources)
- competency verification (may be maintained in another department, such as Human Resources)
- archives of patient education materials

Patient teaching documentation:

- patient documentation and patient teaching records (in medical records)

2. Program records will be retained for at least five years or as required by the center/regulatory agencies.

PROFESSIONAL DEVELOPMENT

Guideline:

PEP staff possess appropriate credentials and competencies by virtue of academic background, occupational experience and continuing education.

Interpretation:

The purpose of professional development for PEP staff is to expand upon the educational and experiential knowledge bases to enhance the level and performance of practice. By enhancing practice, professional development contributes to quality improvement. PEP participating in professional development opportunities demonstrate competencies and an understanding of current trends in patient education.

Criteria:

1. The PEP staff have a minimum of a bachelor's degree in education, nursing, health care administration, health education or a related field.
2. New personnel in the PEP receive an orientation of sufficient duration and content to prepare them for their respective role.
3. PEP staff demonstrate competency in the education process and related activities according to professional standards.
4. PEP staff regularly participate in continuing education and in-service programs based on findings from the monitoring and evaluation of education services, emerging technology, organizational need and changes occurring in the health care industry in general and in patient education specifically.
5. PEP staff participate in an annual performance assessment and establish goals for professional development in collaboration with their supervisor.
6. Relevant texts and journals are available to staff and a system exists whereby staff can request or offer input into the purchase of reference materials.
7. PEP staff are encouraged to demonstrate professional role responsibility by membership and active participation in professional organizations and by voluntary service in professional groups or community agencies.

Appendix A: INSTITUTIONAL SELF-ASSESSMENT TOOL

The goal of this Institutional Self Assessment Survey is to provide you with a means to identify the strengths and weaknesses of your center's patient education program in terms of meeting the guidelines set forth in the document, *NCI Guidelines for Establishing Comprehensive Cancer Patient Education Services*.

Please read each guideline below with its accompanying criteria and then indicate on a 4-point scale the degree to which your center meets these criteria. The survey will take approximately 15 minutes to complete.

1. PHILOSOPHY AND MISSION

Guideline: The PEP has a statement of mission and a statement of philosophy which concisely identify the purpose and reflect the value of the program.

Center PEP mission and philosophy statements:	Yes	No
- Are congruent with Center mission and philosophy	1	2
- Are concisely written	1	2
- Are reviewed and revised annually	1	2
- Define services provided	1	2
- Define role and use of public education	1	2
- Are communicated to other health professional staff	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

2. ORGANIZATION AND STRUCTURE

Guideline I: There is an identifiable patient education function positioned within the structure of the cancer center.

There is a written document that:	Yes	No
- Describes organization, structure, roles and functions of the PEP	1	2
- Is available to all staff	1	2
- Is reviewed/revised annually	1	2
- Is approved by all required staff	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline II: There is a written description of the structural and collaborative relationships between the PEP and the various components of the cancer center as well as the CPEN.

	Yes	No
There is a written document that describes the above relationship.	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline III: The leadership of the PEP has access to sufficient, competent staff who may be used to implement an organized schedule of education programs, services and activities.

PEP staff effectiveness is based on:	Yes	No
- Written competency-based position descriptions	1	2
- A sufficient number of center staff	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline IV: The PEP staff are empowered and accountable to administer patient education programs and activities.

Authority and accountability is established by:	Yes	No
- Written policies	1	2
- Mechanisms to assess accuracy of information	1	2
- Respect for religious, social, cultural and ethnic practices	1	2
- Application of teaching-learning theories to patient/family educational experiences	1	2
- Appropriate educational materials	1	2
- Available information about community resources	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline V: The PEP has a long-range plan that defines the goals and strategies of the department.

The program's long-range plan encompasses the following:	Yes	No
- A mission	1	2
- Assessment of internal and external environment	1	2
- Assessment of program strengths and weaknesses	1	2
- Identification of program goals, objectives, strategies	1	2
- Identification of the gap between what exists and the PEP goals	1	2
- Action steps to move toward the Program's goals	1	2
- Annual revision and update	1	2
- Input from the appropriate interdisciplinary team member	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

3. FUNCTION

Guideline: PEP staff facilitate patient education in a variety of settings and with a variety of audiences.

The Program is active in the broader mission of their Center by:	Yes	No
- Defining its scope of services, identifying its customers, functions and activities	1	2
- Being involved in center-wide activities	1	2
- Communicating and collaborating with departments and committees within the cancer center	1	2
- Serving as a resource to other CPEN members	1	2
- Providing leadership in assuring compliance with JCAHO standards	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

4. FACILITIES AND EQUIPMENT

Guideline: Facilities, equipment and resources are provided to achieve the PEP's mission and to enhance the individual's learning experience.

Adequate facilities are determined by:	Yes	No
- An environment conducive to learning	1	2
- Patient teaching rooms	1	2
- Audiovisual support including printing, graphic support, and AV equipment	1	2
- A staff library	1	2
- Regular access by staff to computers for data management and electronic communication	1	2
- Adequate space for individual counseling	1	2
- A patient education resource center with access to PDQ/PIF	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

5. FINANCIAL MANAGEMENT

Guideline: The center allocates adequate financial resources for patient and family education.

Budget planning:	Yes	No
- Is done by the manager of the Program	1	2
- Includes resources for staffing, operational expenses, and materials	1	2
- Includes projected revenue from fees for services or programs	1	2
- Includes supplemental budgets for proposals, grants and requests for special funding	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

6. POLICY AND PROCEDURE

Guideline: The provision of patient education services is guided by written policies and procedures.

Policies and procedures are maintained by:	Yes	No
- Written and accessible documents in print or electronic format	1	2
- Communication to staff, departments and units in the cancer center	1	2
- Development and periodic evaluation of patient education resources	1	2
- Annual review and/or revision	1	2
Policies and procedures include the following:		
- A mechanism for approval of material	1	2
- Patient education documentation forms	1	2
- Review and approval of outside patient education materials	1	2
- Responsibility for purchasing equipment and materials	1	2
- Education and competency verification of staff who provide patient and family education	1	2
- Training for volunteers involved in education activities	1	2
- Administration of patient education resource center/library	1	2
- Approach to quality and performance improvement	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

7. QUALITY/PERFORMANCE IMPROVEMENT, EVALUATION AND RESEARCH

Guideline I: The PEP staff participate in a process to ensure continuous improvement of patient education services.

Continuous quality/performance improvement is ensured by:	Yes	No
- Being consistent with the organization's improvement	1	2
- Addressing patient satisfaction, effectiveness of services and expected outcomes	1	2
- A system for obtaining feedback from its customers	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline II: Evaluation is an integral, ongoing and systematic process of the PEP.

The evaluation process includes:	Yes	No
- Regular evaluation of educational activities	1	2
- A variety of evaluation methods	1	2
- Techniques that measure stated learning outcomes	1	2
- Evaluation of education activities by participants	1	2
- Summary data to modify education activity	1	2
- A follow-up evaluation of participants	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Guideline III: The PEP keeps up-to-date on cancer patient education research and/or conducts research and uses the results of research activities to improve the current level of practice.

The Program staff remains current on cancer patient education research through:	Yes	No
- An internal channel used for distributing research literature	1	2
- Changes in practices based on literature and field data	1	2
- Developing knowledge and skills in problem solving and research	1	2
- Participating in center's research activities	1	2
- A list of research questions for Program improvement	1	2
- Using research data for proposals and interventions	1	2
- Using operating situations to design a research study	1	2
- Conducting investigations using to determine intervention	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

8. RECORD KEEPING

Guideline: Records are maintained for patient education programs.

Records retained for accreditation purposes include the following:	Yes	No
- Long and short range plans	1	2
- Budgets	1	2
- Meeting minutes	1	2
- Policies and procedures	1	2
- Reports to committees or governing body	1	2
- Staff development documentation	1	2
- Competency verification	1	2
- Archives of patient education materials	1	2
- Patient documentation and patient teaching records	1	2
Program records are:		
- Retained for five years or as required by regulatory agency	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

9. PROFESSIONAL DEVELOPMENT

Guideline: PEP staff possess appropriate credentials and competencies by virtue of academic background, occupational experience and continuing education.

Professional development among staff is maintained by:	Yes	No
- A minimum of a bachelor's degree in health or related field	1	2
- An orientation for new personnel	1	2
- A demonstration of competency	1	2
- Participation in continuing education and in-service programs	1	2
- Annual performance assessment and goal setting	1	2
- Availability and recommendation of texts and journals	1	2
- Membership and participation in professional organizations	1	2

Degree to which your center meets criteria listed: *Circle One*

Not at all To a limited extent To a great extent Fully

Appendix B: THE EDUCATIONAL PROCESS

ASSESSMENT

Guideline:

The PEP uses a variety of methods to define and identify learning needs of individuals and/or the center.

Interpretation:

Assessment identifies the education needs based on the expressed needs of patients, family members and significant others, deficiencies in the way patients, family members and significant others perform tasks related to care of the patient, or deficiencies in the quality and/or effectiveness of the cancer center. It is one way to determine if an educational intervention is an appropriate response to a problem.

Criteria:

1. The procedures for assessment of learning needs are varied, systematic and identifiable.
2. Educational needs are identified in part through the findings of the performance improvement activities of the center.
3. The results of the needs assessment are documented and serve as a basis for developing program objectives.

DESIGN

Guideline:

There are clear, concise statements of intended learning outcomes of the educational activity. The learning activity uses patient education principles and current research on education methodology.

Interpretation:

A design based on determined objectives, using appropriate instructional methods, is cost-effective in both human and financial resources.

Criteria:

1. The intended audience is identified.
2. A written description or program purpose is provided to participants.
3. Learning outcomes are written in behavioral terms, are measurable and are provided to participants.
4. The program content reflects relevant input from participants, managers and educators.

5. The agenda/schedule for the entire program or activity is provided to participants.
6. Learning activities are sequenced from simple to complex, and adequate time is allowed to present the depth needed.
7. Learning experiences are organized to help participants understand the relationship of concepts and their application in real life situations.
8. Content is based on current data and is relevant to participants' needs.
9. Promotion of the education is timely.

DELIVERY

Guideline I:

The educational activity is designed and delivered to facilitate learning. Instructional methods and materials are based on the learning objectives.

Interpretation:

The learning experience involves the participant in thinking, doing and responding. Individuals need repetition and practice to change their knowledge, skills and attitudes.

Criteria:

1. The physical environment is conducive to learning.
2. Delivery processes consider the individuality of the participants.
3. The teaching methods used are suitable to the content of the educational activity and the learning level of the participants.
4. The instructional technology is geared to the learning outcomes to be achieved.
5. Handout materials have a clearly defined purpose and are used to enhance the learning outcomes.

Guideline II:

Instructional staff have the appropriate education and/or experience to provide instruction in the particular content area.

Interpretation:

Patient education is often highly complex and technical. To ensure the accuracy and currency of information, instructional staff should be qualified to teach specific content areas.

PROGRAM EVALUATION

Please refer to “Quality/Performance Improvement, Evaluation and Research” section for evaluation guidelines, interpretation and criteria.

Evaluation is an integral part of program planning. While there are various ways of categorizing the types of evaluation, the typology used by Green and Kreuter is consistent with the increased emphasis in health care today on assessing health outcomes. Green and Kreuter describe three types or levels of evaluation: 1) process, 2) impact and 3) outcome.³

Process evaluation enables one to look at how well a program is working. Process evaluation is also referred to as “formative” evaluation because it is designed to monitor program activities that are in progress and can be used to refine those activities.

Impact evaluation helps one assess the immediate effect of a program on target behaviors, attitudes and/or knowledge. Impact evaluation requires one to assess the target behavior, attitude, or area of knowledge before and after the intervention.

Outcome evaluation enables one to determine the ultimate effect of a program, usually in terms of health status or health care utilization.

For a more in-depth discussion of program evaluation, please consult sources cited in Appendix D.

³ Green, L. W. and Kreuter, M. W. (1991). Health Promotion Planning: An Educational and Environmental Approach, *Second Edition*. Mountain View, CA: Mayfield Publishing Company.

Appendix C: GLOSSARY

AV	Audio-visual
CPEN	Cancer Patient Education Network whose members are patient educators at NCI-designated Comprehensive, Clinical and Consortium Cancer Centers.
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
long-range plan	A plan that defines the goals and strategies of the Patient Education Program
mission	A statement that defines a direction for the Patient Education Program and essential functions to be accomplished
NCI	National Cancer Institute
Patient Education Branch	A branch of the National Cancer Institute devoted to the information and education programs Branch and materials designed to meet the needs of cancer patients and their families. The PEB is a branch within the NCI's Office of Cancer Information, Communication and Education
PDQ	Physician Data Query, a computerized database designed to give health professionals, patients and the public quick and easy access to the latest treatment information for most types of cancer; descriptions of clinical trials that are open for enrollment; and the names of organizations and doctors involved in cancer care.
PEP	Patient Education Program
philosophy	A statement that establishes the basic premises regarding the patient education function
PIF	Patient Information File, a computerized database designed to give health professionals, patients and the public quick and easy access to information about most types of cancers
policies	The foundation for systems. They serve as a guide for decision-making by outlining a general course of action
procedures	Definitions of the specific steps for carrying out policies and responsibilities and relate to the tasks involved in daily operation.

Appendix D: REFERENCES

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Appendix E: RESOURCE LIST OF PROFESSIONAL ORGANIZATIONS

American Association for Cancer
Education (AACE)
University of Texas
M. D. Anderson Cancer Center
189 1515 Holcombe Boulevard
Houston, TX 77030
Phone: (713) 792-3020
Fax: (713) 792-0807

American Public Health Association
(APHA)
Public Health Education & Health
Promotion Section
1015 15th St., N.W., Suite 300
Washington, DC 20005
Phone: (202) 789-5600
Web site: <http://www.apha.org>

American Society for Healthcare
Education and Training (ASHET) of the
American Hospital Association
One North Franklin
Chicago, IL 60606
Phone: (312) 422-3726
Fax: (312) 422-4579

Association of Oncology Social Work
(AOSW)
1910 E. Jefferson Street
Baltimore, MD 21205
Phone: (410) 614-3990
Fax: (410) 614-3991
Web site: <http://www.aosw.org>

National Cancer Institute (NCI)
Office of Cancer Information,
Communication and Education
Patient Education Branch
31 Center Drive, MSC 2580
Building 31, Room 10A10
Bethesda, MD 20892-2580
Phone: (301) 496-6792
Fax: (301) 496-7063
Web site: <http://www.nci.nih.gov>

National Coalition of Hispanic Health
and Human Services Organizations
(COSSMHO)
1501 Sixteenth Street, N.W.
Washington, DC 20036
Phone: (202) 387-5000
Fax: (202) 797-4353
Web site: <http://cossmho.org>

Oncology Nursing Society (ONS)
501 Holiday Drive
Pittsburgh, PA 15220-3125
Phone: (412) 921-7373
Fax: (412) 921-6565
Web site: <http://www.ons.org>

Society for Public Health Education, Inc.
(SOPHE)
1015 15th Street, N.W., Suite 410
Washington, DC 20005
Phone: (202) 408-9804
Web site: <http://www.sophe.org>

Appendix F: CANCER EDUCATION RESOURCES

You may want more information for patients and their families or in putting together your cancer patient education program. The following National Cancer Institute resources are available:

Telephone...

Cancer Information Service (CIS)

Provides accurate, up-to-date information on cancer to patients and their families, health professionals, and the general public. Information specialists translate the latest scientific information into understandable language and respond in English, Spanish, or on TTY equipment.

Toll-free: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

E-mail...

CancerMail

Includes NCI information about cancer treatment, screening, prevention, and supportive care. To obtain a contents list, send e-mail to cancermail@icicc.nci.nih.gov with the word "help" in the body of the message.

Fax...

CancerFax®

Includes NCI information about cancer treatment, screening, prevention, and supportive care. To obtain a contents list, dial 301-402-5874 from a fax machine hand set and follow the recorded instructions.

PDQ®/CANCERLIT® Service Center for Health Professionals

Provides customized searches from the National Cancer Institute's PDQ and CANCERLIT databases to health professionals. Physicians and other health professionals can make requests through a toll-free telephone service, e-mail, or fax. The goal of the Service Center is to make information from PDQ and CANCERLIT available to health professionals who do not have the time or resources to access the databases directly. The PDQ/CANCERLIT Service Center is supported by the NCI.

Toll-free telephone: 1-800-345-3300

Toll-free fax (inside U.S.): 1-800-380-1575

International fax: 301-897-9563

Internet E-mail: pdqsearch@icic.nci.nih.gov

Internet...

These Web sites may be useful:

<http://www.nci.nih.gov> NCI's primary Web site; contains information about the Institute and its programs.

<http://cancertrials.nci.nih.gov> cancerTrials™; NCI's comprehensive clinical trials information center for patients, health professionals, and the public. Includes information on understanding trials, deciding whether to participate in trials, finding specific trials, plus research news and other resources.

<http://cancernet.nci.nih.gov> CancerNet™; contains resources for health professionals, patients, and the public, including information from PDQ® about cancer treatment, screening, prevention, and supportive care; clinical trials; and CANCERLIT®, a bibliographic database.

<http://chid.nih.gov/ncichid/>Cancer Patient Education Database; provides information on cancer patient education resources for cancer patients, their family members, and health professionals.

The following Web site is available from the United States Department of Health and Human Services:

<http://www.healthfinder.gov>; healthfinder® is a gateway health and human services information Web site from the United States government. This site provides easy access to online publications, clearinghouses, databases, Web sites and support and self-help groups as well as government agencies and not-for-profit organizations that produce reliable information for the public.